

FILED DEC 10 1957

THE DEPARTMENT OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41851

STATE FILE NUMBER

Registration District No.

318

Primary Registration District No.

1003

Registration No.

11365

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5803 Waterman				Length of stay in 1b 1 1/2 years		STREET ADDRESS 5803 Waterman Ave. (If outside, give location)	
3. NAME OF DECEASED (Type or print) First GEORGE Middle W Last COLDSNOW				4. DATE OF DEATH Nov. 25th, 1957 Month Day Year			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH April 7, 1887	
9. AGE (In years last birthday) 70		10. IF UNDER 1 YEAR Months 7 Days 18 Hours Min.		11. BIRTHPLACE (City and state or country) Garden City, Kansas		12. CITIZEN OF WHAT COUNTRY? USA	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret.- Mgr. of Standard Oil Co.				10b. KIND OF BUSINESS OR INDUSTRY			
13. FATHER'S NAME Henry Coldsnow				14. MOTHER'S MAIDEN NAME Unknown			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW - I.				16. SOCIAL SECURITY NO.			
17. INFORMANT Mrs. Nellie May Coldsnow Waterman				Address 5803			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Intermittent Heart Disease</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <i>Terminal Disease</i> DUE TO (c) <i>Terminal Disease</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							
INTERVAL BETWEEN ONSET AND DEATH <i>1 1/2 yrs</i> <i>1 1/2 yrs</i>							
19. WAS AUTOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO							
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <i>5/11/56</i> to <i>11/25/57</i> and last saw <i>him</i> alive on <i>11/24/57</i> Death occurred <i>about 12:45 P</i> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>H. C. Coldsnow</i> (Type or print)				22b. ADDRESS <i>634 No Grand</i>		22c. DATE SIGNED <i>11/26/57</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 11/27/57		23c. NAME OF CEMETERY OR CREMATORY St. Jude's Cemetery		23d. LOCATION (City, town, or county) (State) Monroe City, Missouri	
24. FUNERAL DIRECTOR C. R. Lupton & Sons 7233 Delmar				ADDRESS		25. DATE RECD. BY LOCAL REG. NOV 26 57	
26. REGISTRAR'S SIGNATURE <i>Carl Smith</i>							

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by _____, Student Embalmer No. _____
working under my personal supervision..

Student _____
Signature of Student Embalmer

Signed Arnold W. Schoene

Licensed Embalmer No. 386

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.